BetsyAnn Wrask, Glerk-Melissa Kucserik, First Assistant Clerk Alona Tate, Second Assistant Clerk Rebecca Silbernagel, Journal Clerk Chris Ditmeyer, Clerk Assistant



House of Representatives
State House
Montpelier, VT05633-5501
Tel: (802) 828-2247
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VERMONT HOUSE OF REPRESENTATIVES OFFICE OF THE CLERK

| House of Representati | ves Disclos | ture Form | | |
|--|-------------|-------------------------------|----------|--|
| Name: KIMBERY JBS | UP | | | |
| I serve on, or am a member of, the following I | Roarda Co | mmiceiane ar Entitiac t | hat are | |
| regulated by law or that receive funding from | | minissions, of Educes (| lial alt | |
| regulated by law of that receive lunding from | income. | | | |
| | Rem | Remuneration | | |
| Board, Entity, or Commission Name, | No | Yes | Yes | |
| and Position (e.g. Board Member, Board Chair) | | Only Expenses e.g. mileage | | |
| n/a | | | | |
| | | | *** | |
| My Employer: ASA IN VERMINT I (Salary disclosure not required) | ndeper | ndent Colleges | | |
| Signed this g day of January, 202 | 1 | | | |
| KIMBERU JESSUP | | | | |
| Printed Name, please sign on back | | | | |